



**Solicitation Information**  
**April 30, 2015**

**RFP# 7549544**

**TITLE: Resource Specialist Services**

**Submission Deadline: May 29, 2015 at 10:00 AM (Eastern Time)**

**PRE-BID/ PROPOSAL CONFERENCE: No**  
**MANDATORY:**

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

**DATE:**

**LOCATION:**

Questions concerning this solicitation must be received by the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than **May 12, 2015 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

**David J. Francis**  
**Interdepartmental Project Manager**

Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**Note to Applicants:**

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

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## **SECTION 1: INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting proposals from community-based public or non-profit organizations to implement Family / Peer Resource Specialist Services, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

HEALTH intends to enter into an annual contract with one or more successful vendors based on the RFP specifications and available funding. The initial project period is expected to begin October 1, 2015 and continue through September 30, 2016. The project may be renewed for four additional 12-month periods at the exclusive option of the State based upon agency performance and the availability of funding.

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 60 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this

requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%)

participation by MBE's in all State procurements. For further information visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov)

15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement
16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an "eligible entity," as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an "eligible entity," as defined by 45 C.F.R. § 155.110.

## **SECTION 2: BACKGROUND**

The Department of Health, Division of Community, Family Health and Equity is responsible for the State's Title V Maternal and Child Health and Special Health Care Needs program. As such, it has a broad mandate for system building, leadership, and accountability for the populations of children, youth and adults. The Division's goal is to achieve health equity for all Rhode Islanders, through eliminating health disparities, assuring healthy child development, preventing and controlling disease, preventing disability, and working to make our environment healthy. To achieve this goal, the Division:

- Uses a life course development approach and addresses the determinants of health as a framework for health planning.
- Recognizes that social, political, and economic policies and conditions determine health outcomes.
- Values the community as a core partner in public health and works to assure that equity in health is a reality.
- Plans, develops and evaluates program and systems of care, which are comprehensive, community-based, culturally competent, coordinated and effective.

The Division of Community, Family Health and Equity in the Department of Health is responsible for a variety of major programs that address child development, health and prevention, immunization, family planning, nutrition, lead poisoning, adolescent and school

health, as well as services for families raising children and youth with special health care needs and adults with disabilities. It is the goal of the Division to deliver programs in an integrated fashion to achieve equity at that community level.

Resource Specialists have been an integral component of the Division of Community, Family Health & Equity program since 1986. This family / peer involvement has strengthened the Division's capacity to deliver effective services, to address critical health issues, and to involve the community in the discourse that leads to effective program planning for the State's maternal and child health and disability population. The presence and strength of the Family / Peer Resource Specialists has increased the Division's ability to deal with the real issues those children, youth and adults with disabilities face.

### **An Integrated Family/ Peer Resource Specialist Program:**

The Vendor will work with the Department of Health to develop and assure family-centered, community-based, culturally-competent systems of care that are comprehensive, universally accessible, and effective for all Rhode Island children, youth, and adults. To accomplish this goal, the Agency will recruit, hire, and train Family / Peer Resource Specialists that are current or recent consumers of Rhode Island's community based programs in the maternal and child health and special needs or disability service system, have knowledge and / or experience working with these programs, and are knowledgeable about current health care issues. Resource Specialists will be placed in a variety of health service settings and will work a maximum of 37.5 hours per week.

The overall program objectives are:

- To build opportunities for soliciting and using the experience and perspective of consumers and families in the design, implementation, and evaluation of programs.
- To utilize Resource Specialists as informed spokespersons and advocates for maternal and child health and disability programs.
- To identify benefits and barriers to children, youth, and adult participation in these programs through effective outreach in various settings and to recommend changes to address identified barriers.
- To recommend policy and procedural changes to assist the Department in meeting the complex needs of the community.
- To develop partnerships between consumers, families, the Department, and community.
- To support the professional growth of Resource Specialists by providing training in the elements of family centered care, communication and advocacy, social determinants of health, and skills that could enhance leadership.

In addition to the above objectives, the Resource Specialist Program also supports the following professional growth objectives:

- To become articulate communicators of the elements of family-centered, community-based, and culturally sensitive care.
- To become effective advocates for family centered services systems for consumers and families.
- To develop work and interpersonal relationship skills leading to prospects for employment or further career development.

The following elements are essential to an effective Resource Specialist program:

- Orientation and ongoing training.
- Development of work plans done in collaboration with the program.
- Provision of support and regular supervision of Resource Specialists in their role.
- Flexible work hours.
- Regular peer support.

### **SECTION 3: SCOPE OF WORK**

#### **Task 1: Recruit, train and support Resource Specialists to work in targeted clinical settings.**

Currently there are twenty-nine (29) Resource Specialists working in clinical practice settings across the state including pediatric, specialty care, and adult practices, community health centers, hospital settings and outpatient clinic settings. The Department expects to continue to engage these Resource Specialists and recruit additional consumers / families over the period of this engagement.

Resource Specialists in these sites will participate in the following activities as appropriate:

- Conduct intake, follow-up interviews and refer children, youth and adults to appropriate services.
- Educate consumers, families, and staff about support services within the community.
- Monitor care coordination to assess accommodation of consumer / family strengths / needs.
- Help consumer and families to identify and understand the eligibility criteria for various benefit / entitlement programs through federal, state, and / or local public agencies.
- Assist consumers and families in accessing insurance or other financial assistance for health care.
- Provide resource information through peer support and educational materials.
- Assist in data collection, data quality, surveys, assessment and reporting as required.
- Promote the Patient / Family Centered Medical Home model for all children, youth, and adults, including those with disabilities.

- Provide care coordination services and supports as appropriate.
- Engage in systems-level quality improvement projects as identified by Patient Centered Medical Home – Kids project, Department of Health or its partners.
- Identify program improvement to better serve consumers and their families.
- Partner with other providers to facilitate timely and effective response to consumer / family needs.

Contractor will be required to:

- Work with staff at the Department of Health to define, collect and analyze qualitative and quantitative data on the Resource Specialist experience in the clinical setting.
- Provide all recruitment, training and ongoing supervision for the Resource Specialists working in clinical practices throughout the state in coordination with the Department of Health. Contractor should acknowledge that clinical setting and Department of Health have final decision in Resource Specialist selection and retention.

**Task 2: Recruit, train and support Resource Specialists to work with programs sponsored by the Rhode Island Department of Health, Division of Community, Family Health &Equity.**

Currently there are fifteen (15) Resource Specialists working with HEALTH. Resource Specialists are located at the Department of Health and spend their time working on both state-level and community-level issues. The Division expects to continue to engage these Resource Specialists plus recruit, train, and support additional Resource Specialists if new grant funding is secured.

Resource Specialists at HEALTH will be responsible to:

- Outreach families who may benefit from the services and programs supported by HEALTH and provide information on how to access these services and programs.
- Gather systematic feedback as to how the Department programs are working at the family, community, health care and state level. Such feedback will include how services and service delivery systems can be improved, how to effectively promote program services to families, unmet family and community needs, and provide other feedback as defined by programs and Department.
- Recommend changes and / or modifications to programs, policies and procedures, and the service delivery system based on feedback from families and / or consumers.

Contractor will be required to:

- Provide all recruitment, training and ongoing supervision for the Resource Specialists in coordination with the Department of Health. Contractor should acknowledge that the Department of Health has final decision in Resource Specialist selection and retention.



- Work with staff at the Department of Health to define, collect and analyze qualitative and quantitative data.
- Develop, implement, and report results of consumer / family surveys in coordination with the Department of Health.
- Train and demonstrate competency of Resource Specialist staff as described in 2.3 and in accordance with specific evidence-based program (ie, Diabetes, Living Well, etc.).
- Report quarterly on Resource Specialist program services provided under the auspices of this task including, but not limited to, the number of families connected with services, description of services provided, and linkages / referrals made.

## **MINIMUM CONTRACTOR REQUIREMENTS**

The successful bidder will have the requisite experience and resources to carry out the activities detailed in the scope of work portion of this RFP. More specifically the successful bidder must:

- Be a community based agency with proven experience in recruiting, hiring, training, placing, and supporting consumers and / or Resource Specialists in a variety of community settings.
- Demonstrate cultural and linguistic competence through clearly defined agency policies, practices, and structures as well as through employment of culturally and linguistically diverse staff at all levels of the organization.
- Comply with the mandates of the Standards for the Provision of Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) including providing meaningful access to qualified interpretation and translation services.
- Train and demonstrate competence of staff in confidentiality, ethics, scope of practice, professional boundaries, motivational interviewing, health literacy, effective communication, supporting access to services, skills for advocacy and action, and documentation.
- Demonstrate public health home visiting competency of Resource Specialist staff in accordance with HEALTH's Home Visiting Core Competencies to include family-centered practice, relationship based practice, risk and protective factors, cultural and linguistic responsiveness, ethical practice, service planning, coordination and collaboration.

The contractor selected as a result of this RFP will be required to provide a sufficient number of dedicated on-site and consulting project staff with appropriate expertise and credentials to carry out Tasks 1 & 2.

## **CONTRACTOR RESPONSIBILITIES**

- The Contractor(s) selected as a result of the RFP will be responsible to the Special Needs Director of the Department of Health, Division of Community Family Health & Equity.
- The Contractor(s) selected will identify a project director as well as other appropriate staff to support the tasks outlined in the RFP.
- The Contractor(s) selected will establish recruiting and hiring policies and practices that assure that qualified consumers and family members are recruited from across the state and that they represent the diversity of the state's population.
- The Contractor(s) selected will provide a comprehensive system of personnel development including pre-service training, ongoing training, supervision, annual performance appraisal, and personal goal setting in collaboration with the Department of Health.
- The Contractor(s) selected will provide payment by check to Resource Specialists on a regularly scheduled day.
- The Contractor(s) selected agrees to work with the Department of Health on a periodic program evaluation that includes but is not limited to the overall impact of the program, strengths and weaknesses of the model, opportunities for improvement, and recommendations for enhancement.
- The Contractor(s) will provide office space, equipment, utilities, and supplies necessary for the management of the Resource Specialist program.
- All travel costs for contractor staff, including in-state and out-of-state travel necessary to carry out the tasks within the contract, will be the responsibility of the contractor.
- The Contractor(s) will make staff available on-site at the Department of Health as requested.

### **CLAS Language**

#### **Cultural Competence**

Cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes. Competence in cross-cultural functioning means learning new patterns of behavior and effectively applying them in appropriate settings.

#### **Limited English Proficiency**

Under the authority of Title VI of the Civil Rights Act of 1964, Presidential Executive Order No. 13166 requires that recipients of federal financial assistance ensure meaningful access by persons with limited English proficiency (LEP) to their programs and activities. A 2002 report from the U.S. Department of Justice, *Prohibition Against National Origin Discrimination*

*Affecting Limited English Proficient Persons*, provides guidance on uniform policies for all federal agencies to implement Executive Order No. 13166. Further, the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards) issued by the Federal Office of Minority Health in 2004 outline mandates, guidelines, and a recommendation for the provision of language access services, culturally competent care, and organizational supports for cultural competence in health care settings. CLAS Standards 4-7 (see below) are mandates and address language access services that should be provided by every organization that receives federal funding, whether directly or indirectly.

Effective immediately, all vendors who contract with HEALTH must perform the following tasks and provide documentation of such tasks upon request of a HEALTH employee:

1. The supports and services provided by vendor shall demonstrate a commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area or target population. Such commitment includes acceptance and respect for cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. Vendor shall have an education, training and staff development plan for assuring culturally and linguistically appropriate service delivery.
2. Vendor shall have a comprehensive cultural competency plan that addresses the following: 1) the identification and assessment of the cultural needs of potential and active clients served, 2) sufficient policies and procedures to reflect the agency's value and practice expectations, 3) a method of service assessment and monitoring, and 4) ongoing training to assure that staff are aware of and able to effectively implement policies.
3. Vendor shall have a plan to recruit, retain and promote a diverse staff and leadership team, including Board members, representative of the demographic characteristics of the populations served.
4. Vendor shall assure equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Department of Justice, *Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*. Vendor shall provide language assistance services (i.e. interpretation and translation) and interpreters for the deaf and hard of hearing at no cost to the client.

## **National Standards for Culturally and Linguistically Appropriate Services in Health Care**

### **Culturally Competent Care (Standards 1-3)**

#### **Standard 1**

Health care organizations should ensure that patients/consumers receive from all staff

member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

### **Standard 2**

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

### **Standard 3**

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

## **Language Access Services (Standards 4-7)**

### **Standard 4\***

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

### **Standard 5\***

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

### **Standard 6\***

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

### **Standard 7\***

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

## **Organizational Supports for Cultural Competence (Standards 8-14)**

### **Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

**Standard 9**

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10**

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

**Standard 11**

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

**Standard 12**

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13**

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14**

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

\* **Mandates 11-28-11**

**SECTION 4: TECHNICAL PROPOSAL**

Narrative and format: The separate technical proposal should address specifically each of the required elements:

***Executive Summary***

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide the State evaluators with a broad understanding of the vendor's technical approach and ability.

## **Corporate Experience and Background**

This section shall include the following information:

- A listing of similar projects undertaken and/or similar clients served, including a brief description of the projects, with identification of tasks where contractor has been used for work similar to those in this RFP. This list should identify the person or persons who supervised the work of the contractor and contact information (for the purposes of reference checks).A description of the business background of the vendor
- Include a list of the Board of Directors including their experience, area of expertise and diversity.
- Description of system(s) in place to assure culturally competent staffing and meaningful access to qualified interpretation and translation services.

## **Work plan / Approach Proposed**

This section shall address Tasks 1 & 2.

This section shall describe the offeror's understanding of the State's requirements, including the result(s) intended and desired, the approach and / or methodology to be employed, and a work plan for accomplishing the Tasks and the results proposed. The work plan description shall include a list of tasks, activities, milestones and evaluation plan that will be employed to successfully administer the project.

## **Staffing Plans**

This section shall address Tasks 1 & 2 and should include:

### **Qualifications**

This section shall include a description of all positions to be used for Tasks 1 & 2. This section should include a description of each position, including minimum experience and qualifications, and should include, in an attachment to the technical proposal qualifications of key staff and / or positions proposed for all Tasks under this contract. If staff are known, submit resumes and qualifications.

### **Level of Effort**

This section will indicate the number and types of all positions and list any Subcontractors being offered to perform the Tasks 1 & 2, indicating level of effort as well as duties and responsibilities in relation to the scope of work.

## **SECTION 5: COST PROPOSAL**

### **Detailed Budget and Budget Narrative:**

Using Appendix A: Cost Proposal Spreadsheet, applicants must submit a separately sealed 12-month budget including all positions and materials for Tasks 1 and 2, as indicated. The scope of work for Tasks 1 & 2 shall be based on time and materials. Within the cost proposal, fully loaded hourly rates of staff and ODC (other direct costs) will be paid on a monthly basis to be billed and paid in accordance with actual positions filled, and ODCs incurred for Tasks 1 & 2.

The budget narrative shall detail the percent of staff salaried that will be devoted to benefits and overhead. Please indicate a separate percent of salary to be charged within the fully loaded rate for each of these categories:

- Benefits include insurances (health, disability, life), pension and payroll taxes. Please describe level and type of employee benefits, as well as level of employee contribution required.
- Overhead, including office expenses / other (not to exceed 15%)
- The proposal cost of ODCs (e.g. travel, allowances, etc.) shall be indicated within budget. The cost proposal shall detail what is covered under ODCs.

### **Fiscal Capacity:**

Applicant must clearly identify a cost-effective budget. Line items are to be accurate, and budget and budget narrative descriptive and complete. Submitted budget and supporting documentation must appropriately reflect agency's financial capacity to implement the project in a timely manner.

Applicants are advised that HEALTH is not responsible for any expenses incurred by the Applicant prior to the contract award.

## **SECTION 6: EVALUATION AND SELECTION**

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Corporate Experience and Background	15
Work Plan / Approach Proposed	35
Staffing Plans	20
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost Calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points*	30 Points
<b>Total Possible Points</b>	<b>100 Points</b>

\*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

## **SECTION 7: PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference **RFP 7549544** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all



interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked “**RFP 7549544 Resource Specialist Services**” to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

## RESPONSE CONTENTS

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
2. One completed and signed W-9 (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to six (6) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. **A separate, signed and sealed Cost Proposal** using Appendix A: Cost Proposal Spreadsheet reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked “original”.

## **CONCLUDING STATEMENTS**

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following:

[URL:https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf](https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf).

Appendix A -Cost Proposal Spreadsheet: 12-Month Budget

Personnel	\$	-
Other costs	\$	-
<b>Total</b>	<b>\$</b>	<b>-</b>

## Appendix A . Cost Proposal Spreadsheet: Staff

[illegible]

## Appendix A . Cost Proposal Spreadsheet: Other Costs

Item	Description	Cost
<b>Total</b>		\$ -